

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						<small>SERIAL NO.</small> <b>10/da-180</b> <small>APPLICANT'S</small>		<small>FILING DATE</small>	
CLAIMS									
	AS FILED		AFTER IN PRODUCTION		AFTER IN PRODUCTION				
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.
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47							97		
48							98		
49							99		
50							100		
TOTAL NO.							TOTAL NO.		
TOTAL OFF.							TOTAL OFF.		
TOTAL							TOTAL		